



OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

WWCTP Site Visits

Sir,

The following is intended to be illustrative, not exhaustive, the objective being to cite the importance we attach to our intensive travel schedule. It also expresses certain points in the vernacular employed by those for whom we are responsible, and is therefore not intended for distribution.

To assess the progress of our efforts to meet President Obama's and Secretary Gates' commitment to Wounded Warriors and their Families, WWCTP personnel visit Military Treatment Facilities, VA Polytrauma Centers, Warrior Transition Units, and Transition Assistance Program sites for intensive discussion with Wounded, Ill and Injured Warriors, Families, Cadre and senior leadership. Following site visits, WWCTP leadership provides comprehensive trip reports summarizing observations, perceived best practices, and recommendations. These reports are distributed to select OSD and Military Service leadership, as well as to senior personnel referred to in the Report, the latter as a courtesy as well as a check on the accuracy of observations and information conveyed in the Report.

To date, WWCTP DUSD and select staff members have conducted over 15 site visits to Military Treatment Facilities; Army Warrior Transition Units (WTUs); Marine Corps Wounded Warrior Regiments, Battalions East and West, and Wounded Warrior Battalion West Detachment at Kaneohe Bay; Military Treatment Facilities (MTFs); Service Wounded Warrior Program conferences and training; Veterans Affairs Medical Centers; and, the Surgeon General of the United Kingdom (Ministry of Defence). The utility of these visits is summarized in the following observations and recommendations derived from them. The Services have first responsibility for the care of Wounded, Ill and Injured Warriors and each Service has its own program for the purpose. WWCTP has cultivated strong collegial relations with the principals of these disparate programs and works through them to assist in achieving our mutual objectives. Recommendations are shared informally with relevant leaders except where there are overarching policy implications, in which case revisions to policy are proposed. In these circumstances as well, revisions are discussed with Service principals in advance to facilitate coordination and cooperation.

Cadre in Warrior Transition Units

Site visits indicated some amelioration of initial problems associated with disproportionate ratios of WTU Cadre to Warriors in Transition (WTs). The desired ratio of Cadre to WTs is considered to be 1:10. However, this "ideal" ratio assumes steady state conditions in which WTs require only oversight and modest assistance in situ. In practice, a WT with behavioral problems or one requiring transport to an MTF can take one or more Cadre away from the WTU for an extended period, requiring other Cadre to fill in for those absent by circumstance. This skews the duty demands on Cadre and leads to work overloads. In addition, manpower shortages in some WTUs require Cadre to perform collateral company duties, with consequent pressures on their effectiveness in dealing with WTs, i.e. Cadre will work long hours at the WTU and then move on to work long hours on collateral duty.

Conversations with Cadre in each WTU revealed a deep sense of commitment and dedication but also compassion fatigue. Some members of the WTU Cadre have attended the required training at Fort Sam Houston, while others were "grandfathered" in and did not receive the training. This has led to some Cadre considering themselves unprepared to deal with complex or problematic cases in the WTUs. While behavioral health specialists are part of the staff at WTUs, many members of the Cadre said they needed more help from individuals trained to support and care for high risk behavioral health patients. Finally, several Cadre disclosed a perceived stigma associated with being assigned as Cadre, and some expressed concern the assignment might be detrimental to their career advancement.

These issues are noted in Trip Reports and are discussed on an on-going basis with the leadership of the Army's Warrior Transition Command, the Army Surgeon General, the Commander of the Marine Wounded Warrior Regiment, as well as Navy's Safe Harbor, and the Air Force's Warrior and Survivor Care Program.

Options to be considered for correction include creating a WTU Cadre MOS, adding promotion points for serving as WTU Cadre, or requiring certain MOSs to serve as WTU Cadre at some time during their military service. It is imperative that Cadre receive both initial and augmented training as well as time away from high-stress and complex work duties. In one WTU, Command leadership has instituted a "Fighter Management Program." This is a mandatory respite requiring the Cadre to go "off the grid" to unwind and relax with no access to Blackberries or cell phones for a set period on a regularly-scheduled rotation.

Population of Warriors in Transition

Site visits to WTUs have confirmed that most resident WTs are not combat-injured. The delta between combat-injured WTs and those with non-combat related injuries and illnesses is exponential and has consequences for the morale of combat-injured WTs and Cadre. Many of the latter express emotions ranging from frustration to anger over WTs who "game the system" by "camping" in WTUs for long periods of time, with extreme cases extending over hundreds of days. This proclivity is enabled by commanders who see the WTUs as an expedient by which to rid their units of "undesirables". Effectively, the WTU becomes a "dumping ground" and the fundamental objective of providing the best possible care for Wounded Warriors and rehabilitating the WT Soldier to be fit for duty or to reintegrate into civilian life is deflected or defeated.

Combat-injured service members who return from OEF/OIF and plan to rehabilitate and Return to Duty object to being co-located with people they see as being on a "five year plan" to stay in the WTU. It was noted by a WTU Commander and attending physician that the longer a WT is in the WTU the less likely the WT will succeed. WTs may become complacent and unfocused on healing and establishing goals for success and transition the longer they are in a WTU. The challenge is most prevalent in the Army's WTUs (Army has the greatest number of people in the fight). The Commander of the Warrior Transition Command is aware of this and is considering options for correction.

Not all long-term residents of WTUs fall into the category of "campers." Other factors contributing to extended periods of time in WTUs are lengthy MEB process times, high risk behavioral health issues, unresolved family conflicts, and specialty care requirements.

Mentorship & Volunteerism

In several locations, mentorship and volunteerism are showing positive effects for recovery and rehabilitation. Particularly in areas where OEF/OIF and Vietnam Veterans are co-located (such as Hawaii and California), older Veterans mentoring younger Wounded Warriors has proven beneficial as indicated by DoD and VA staff. In one VA medical center, the leadership noted that the support of older Veterans is particularly helpful in removing the stigma associated with seeking mental health counseling. These

relationships confer benefits on both generations of Veterans and are encouraged as local circumstances, including Veteran demographics, permit.

As some WTs reside in WTUs for over 365 days, staying active and fulfilling a sense of purpose is vital. WTs within several WTUs volunteer to help the Squad leaders and other members of the Cadre. This effort encourages leadership, sense of purpose, and alleviates the often times high caseload of Cadre referred to above. Command leadership emphasize the importance of keeping WTs on a schedule and focused on their Comprehensive Transition Plan, and these volunteer efforts further those objectives.

Transition Assistance Program

WWCTP leadership has conducted several Transition Assistance Program roundtable discussions during visits over the past six months. The discussions reveal significant gaps in consistency of services and marketing of TAP at the installation level. While each Service's TAP sites are utilizing some level of communications and marketing, most do not go beyond traditional print media thus far. Local TAP staff members note the challenge in reaching different generations of transitioning Service members and Veterans. This is one of the drivers for WWCTP's expansion into social media, which began with the WWCTP-sponsored off-site in November 2009.

Spousal participation in TAP workshops remains low, despite extensive marketing efforts described by transition staff. At several locations, efforts to expand spousal participation included the offer of child care services during scheduled workshops, but participation rates remained unchanged. We (WWCTP) consider spousal involvement in the education and decision making processes relating to benefits and services following separation or retirement to be extremely important. Local leadership is being encouraged to use additional venues beyond the typical marketing outlets to reach the spousal audience, with TAP information displayed at Family Readiness Groups, Ombudsman Councils, social networking sites, and family newsletters. Local TAP staff did not have knowledge of the recommendations from the TAP off-site, partner agency initiatives, The Square Deal e-Newsletter, Heroes to Hometown, or federal hiring initiatives led by the Office of Personnel Management – all of which constitute failures of communications ascribable to WWCTP. We are exploring additional communications initiatives.

The concentration of effort by installation TAP staff remains centrally focused on employment assistance. There is little evidence that personal financial management strategies, relocation assistance, or post-military education application assistance are emphasized or provided by TAP staff beyond initial pre-separation counseling. Similarly, there is little evidence of a robust local employment referral relationship for military spouses or family members. Knowledge of current DOD, VA and private sector programs, services and resources to assist Wounded Warriors, Veterans, Families and providers is sparse to non-existent among local TAP staff. These programs include the DOD/VA Federal Recovery Coordination and DOD Recovery Coordination Programs, the National Resource Directory Web site (www.nationalresourcedirectory.gov) and TurboTap (www.turbotap.org). WWCTP is moving to tailor outreach and communications to fill these gaps.

Disability Evaluation System

Service members enrolled in the Disability Evaluation System (DES) Pilot expressed satisfaction in the improved process. Command leadership at MTFs expressed the same sentiment. In some cases, there was a perception of inequity by Sailors and Marines who cannot yet access the DES Pilot, due to the current policy concerning cross-Service MEB. A preliminary discussion of universalizing the process to include providing service to all branches of the military was supported by Commanders and staff. The USD (P&R) signed a policy memorandum on March 29, 2010 implementing cross-Service support requiring the Military Departments to enroll Service members from all branches into the DES Pilot who need disability processing at a Sister-Service location. This ensures all members are referred, processed and counseled in a manner similar to their host Service members. This policy memorandum has been sent to the Military Departments. Additionally, WWCTP is sending copies directly to MTF commanders.

Other challenges of the DES included: lack of communication with Physical Evaluation Board Liaison Officers (PEBLOs), back and forth between DoD and VA and processing delays due to IT issues. Some Service members enrolled in the Legacy DES said the length of time to process through the MEB was a major challenge and prolonged their stay in the WTU.

Military Occupation Specialties (MOS) & Physical Training

WTs are required to participate in physical training and meet height and weight standards despite portfolios that show medical conditions. Although a WTs' profile may state "no PT" or that he/she is taking medicine with a side effect of weight gain – there is no flexibility for Command leadership on weight requirements. Many WTs are flagged for being overweight and, therefore, are not eligible for promotion or awards. An option is for Service leadership to consider dispensation that can meet a physical standard tailored to the WTs circumstances. WWCTP is formulating a proposal directed to this end.

Chaplains

WWCTP staff attended the Army's annual Chaplains Training Conference earlier this year. Chaplains acknowledge that Squad Leaders are overwhelmed with high risk patients and assist the leadership whenever possible. Chaplains may or may not be included in Recovery Team meetings, according to local circumstances, but all indicated they would like to be included whenever possible. WWCTP will incorporate this interest in future training of its Recovery Care Coordinators (RCCs).

Behavioral Health

WWCTP leadership and staff visited the Defence Medical Rehabilitation Centre Headley Court (DMRC – Headley Court) for discussions with the Surgeon General of the British Military, Admiral Philip Raffaelli. The British Military does not screen service members for Post Traumatic Stress and they do not offer a financial incentive (e.g. benefits) as the American military does. Further, they estimate that their lower number of PTS cases is related to: a younger population of Service members, shorter duration of deployments, fewer deployments, implementation of Third Location Decompression Program and the Trauma Risk Management (TRiM) Program. This issue will be elaborated in a separate memorandum.

Location of Training Areas

During two site visits, recovering Service members complained about firing ranges being located in close proximity to a Warrior Transition Battalion or WTU. WT Soldiers complained of flashbacks or negative reactions during live-fire training. Command leadership was consulted about moving WTs to a quiet location while they are recovering.

Command Leadership

During each visit, it was evident that strong Command support for programs tailored to transitioning Service members, Wounded Warriors and Families of recovering Service members sends a positive message. This leadership is important to WTU Cadre, staff and families particularly for promoting attendance at TAP events, seeking behavioral health as needed and helping Service members set and achieve goals. Installation TAP service delivery professionals continue to struggle with the arrival of transitioning personnel with limited time left on active duty to effectively develop and implement a viable transition plan. Demobilizing National Guard and Reserve personnel receive little TAP assistance beyond pre-separation counseling. The time allotted for practical application of lessons-learned prior to release from active status remains extremely limited to non-existent.